

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10568197

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		5				
3		2				
4		8				
5		8				
6	1	7				
7						
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24			1			
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50						
TOTAL IND.			2		2	
TOTAL DEP.			22	22	22	22
TOTAL CLAIMS			24	24	24	24

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			2		2	
TOTAL DEP.			22	22	22	22
TOTAL CLAIMS			24	24	24	24